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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 218

1. PLACE OF BIRTH
County _Gila_
State _____
District or Township _Miami_
or Village _____
City _Miami_ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Bernice Castro_
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Female_
To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? _Yes_
7. Date of birth _May 31·1929_
Month Day Year

8. FATHER	14. MOTHER
Full name _Fredrico Castro_	Full maiden name _Rosaria Villareal_
9. Residence (Usual place of abode) _Miami Ariz._ If non-resident, give place and state.	15. Residence (Usual place of abode) _Miami Ariz._ If non-resident, give place and state.
10. Color or race _Mexican_ 11. Age at last birthday _38_ (Years)	16. Color or race _Mexican_ 17. Age at last birthday _20_ (Years)
12. Birthplace (city or place) _Sinaloa_ (State or country) _Mexico_	18. Birthplace (city or place) _Mazatlan_ (State or country) _Sinaloa Mex_
13. Occupation Nature of industry _Miner_	19. Occupation Nature of industry _H.W._

20. Number of children of this mother _2_
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _2_
(b) Born alive but now dead _0_
(c) Stillborn _0_

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was _Born alive_ at _2_ _A._ m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _Charles E. Irwin_
M.D.
(Physician or midwife).
Address _Miami Arizona_

Given name added from a supplemental report _____
Month, day, year

Filed _June 5,_ 19 _29_ _C. E. Irwin_
Registrar

Registrar

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